

032TE (6/64)

STATE OF RHODE ISLAND DISTRICT COURT

SEVEN DAY Trespass & Ejectment Summons Eviction for Nonpayment of Rent

SERVICE FEE

DIVISION OF COURT	VISION OF COURT ADDRESS OF CO		CIVIL ACTION - FILE NO.
PLAINTIFF VS —		PLAINTIFF'S ATTORNEY ADDRESS	
complaint which is herewith: date of service. The origin will be taken against you	ed and required to serve served upon you. Your a all must be filed in writing for the relief demand	nnswer must be made within 7 da g with this court. If you fail to app	e name and address appears above, an answer to the ays after service of this summons, exclusive of the ear on the date stated below, judgment by default
TO THE ABOVE-NAMED D You are hereby ordered to stated Division of the District Your appearance date is •	appear at the above Court.	9:30 A.M.	MONTH DAY YEAR
DATE OF SUMMONS		ERK	
SEAL OF THE DISTRICT	COURT	(COURT DATE RECEIVED
I hereby certify that on t	the date below I serve	PROOF OF SERVICE	a copy of the complaint received herewith upon the
		aid papers in the following mans	• • • • • • • • • • • • • • • • • • • •
	_	•	dress entered below, with a person
	_	low authorized by appointment of ired by statute was given as note	r by taw to receive service of process. ed on the reverse side.
ADDRESS OF DWELLING OR	USUAL PLACE OF ABOU	DE	
NAME OF AUTHORIZED AGEN	IT OA PERSON OF SUIT	ABLE AGE	
SERVICE DATE**		DEPUTY SHERIFF/CONSTABLE	
*Deputy Sheriff or Constable:		nd Enter Appearance Date Above.	····